IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



towa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

Indexed	
Audited	
Checked	
Computer	

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUE	ST:
Iowa Medical and Classification Center	
Name of Department or Office 2700 Coral Ridge Ave.	Coralville, IA 52241
	City, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	CE:
Jim McKinney	
Name Same	
Malling Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	
Table to Table	
20 E Market Street Iowa City, 52245	
Mailing Address City, State, Zlp Code	January 2017 \$2,022.86
Ann Code & Telephone Number	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark *0.00*.
Email Address (optional)	receiving department of office. If no value mark 0.00.
Provide a description of the gift or bequest and purpose thereof:	
Food for inmate consumption	
Criterla to use this form:	
Receipt of any gift or bequest that is received by any department of the	e state or received by the Governor on behalf of the state.
Chalana and all Affirmations	
Statement of Affirmation:	
I, DUNIEL CHUY affirm that the gift or bequest reported aboassessment of the fair market value (if applicable) is correct and true to the	ove is accurate. I further affirm that the information concerning the donor and a best of my knowledge.
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16 2/16	> \N-17
Allasted	<u> </u>
Signature	Date